### **Payment-Based Days of Care**

**Topic:** FM04a: Reimbursement

**Report ID:** FM04a10

**Report Content:** This report summarizes the payment-based days of care for foster homes, group homes, Residential Care Centers (RCC), relative care, court-ordered kinship care, other institutions (which include detention, hospital, and corrections), and other payments (which include runaway, trial home visits, child resides with family, and unknown). Under each of these categories the report displays the break down of the days of care into (1) Title IV-E Eligible and Reimbursable Children, (2) Title IV-E Eligible and Not Reimbursable Children (3) Title IV-E Ineligible Children, (4) Title IV-E Eligible and Receiving SSI Children and (5) Title IV-E Pending Children.

The report separates the days of care of children in the subsidized guardianship program (control, experimental or exempt group) from the days of care of the rest of the children in the agency's care. In addition to the criteria listed in the report details, payments will appear under sections 1-7 only if the child has no Subsidized Guardianship program assignment for the period encompassing the payment begin date:

Payment.id\_prsn not in (Select id\_prog\_asgn from Person\_Program\_Assignment PPA where PPA.dt\_begin <= Payment.dt\_pmnt\_begin and (PPA.dt\_end >= Payment.dt\_pmnt\_begin or PPA.dt\_end is null) and PPA.cd\_program= code value for 'Subsidized Guardianship')

Sections 8-14, 15-21, and 23-29 are identical to sections 1-7 except for that they are specific to children with an assignment to the Subsidized Guardianship program, Control, Experimental or Exempt group, respectively. The following criteria is used to determine whether the child is part of the particular group of the Subsidized Guardianship program during the period encompassing the payment begin date:

Payment.id\_prsn in (Select id\_prog\_asgn from Person\_Program\_Assignment PPA where PPA.dt\_begin <= Payment.dt\_pmnt\_begin and

(PPA.dt\_end >= Payment.dt\_pmnt\_begin or PPA.dt\_end is null) and

PPA.cd\_group= code value for 'Control', 'Experimental', 'Exempt'- depending on the section- and PPA.cd\_program= code value for 'Subsidized Guardianship')

Section 22 derives its information from the Subsidized Guardianship payments for children in the Experimental Group. Similarly, Section 30 is for the Subsidized Guardianship payments for children in the Exempt Group.

One-time payments are only included in days of care count if they are placement-related and there is no other ongoing payment for the same child and case for that same period. All other one-time payments are excluded from this report. This logic should be used throughout the report to determine whether a one-time payment is placement-related:

1) Payment.cd\_pmnt\_type= 'O' AND

- 2) Service\_Type.cd\_sw\_rpt\_grp in (452,453,462,463,472,473,482,483,491,492,500, code value for Subsidized Guardianship) where Payment.cd\_srvc= Service\_Type.cd\_srvc AND
- 3) there is no:

i. ongoing payment

Payment.cd\_pmnt\_type in ('G' or 'C')

ii. Not Canceled

(Payment.cd\_pmnt\_stat is Null) or (Payment.cd\_pmnt\_stat <>'C')

iii. for the same case and person

OngoingPayment.id\_case= OneTimePayment.id\_case and OngoingPayment.id\_prsn=

OneTimePayment.id\_prsn

**AND** 

iiii. Covering part of the same period

(OngoingPayment.dt\_pmnt\_begin <= OneTimePayment.dt\_pmnt\_begin and

OngoingPayment.dt\_pmnt\_end >= OneTimePayment.dt\_pmnt\_begin) OR

(OngoingPayment.dt\_pmnt\_begin <= OneTimePayment.dt\_pmnt\_end and

OngoingPayment.dt\_pmnt\_end >= OneTimePayment.dt\_pmnt\_end))

Also, if the eligibility has been marked as 'Determination, Not Applicable', no associated days of care information will be included on this report. For every Payment\_Elig\_Days row that meets the criteria specified in report details below, if <u>ALL</u> the following conditions are satisfied, do not use the row in the report (note that this processing does not apply to the Subsidized Guardianship sections):

- 1) Payment\_Elig\_Days.qt\_pending > 0 and Payment\_Elig\_Days.qt\_elig\_reimb = 0 AND Payment\_Elig\_Days.qt\_elig\_non\_reimb = 0 AND Payment\_Elig\_Days.qt\_inelig = 0 AND Payment\_Elig\_Days.qt\_elig\_ssi = 0 AND
- 2) There is an Eligibility record:
  - i. Payment.id\_case= Eligibilty.id\_case AND
  - ii. Payment.id\_prsn=Eligibilty.id\_prsn AND
  - iii. Eligibility.fl\_deter\_na = 'Y'

#### **AND**

- 3) There is no Eligibility record:
  - i. Payment.id\_case= Eligibilty.id\_case AND
  - ii. Payment.id prsn=Eligibilty.id prsn AND
  - iii. Eligibility.fl\_deter\_na = 'N' AND
  - iv. Eligibility.dt\_efct <= Payment.dt\_pmnt\_begin AND
  - v. Eligibility.dt\_end >= Payment.dt\_pmnt\_begin OR Eligibility.dt\_end is Null

When the report is run for 'All Counties', it lists the totals (Statewide and 'Non-Milwaukee Counties') followed by the details for each of the counties. When the report is run for a specific county, only the county's details appear on the report.

**Dependencies:** b-fm04a06-identify-ffp batch program ran successfully.

**Frequency:** Monthly

Runtime Parameters: County, From Date, To Date.

**Selection Criteria:** Refer to individual fields below for details.

Sort Criteria: County Name.

Page Break: by County Name

Audience: DHFS fiscal staff.

**Business Intent:** To allow the financial staff to review the days of care information for children receiving services. The days of care numbers are used for the claiming of administrative costs.

	MM/DD/ HH:MM							lth and F n and Fam					Report I	
					For			d Days of n MM/DD/C		MM/DD/CCY	Y			
Count	y Name													
1. <u>F</u> c	ster Ho	ome												
	1.a.	Title IV	7-E Eligik	ole and E	Reimbursa	able Days	of Care		9,999	,999				
	1.b.	Title IV	7-E Eligik	ole and 1	Not Reimb	oursable	Days of C	Care 9,999	,999					
	1.c.	Title IV	/-E Inelig	gible Day	ys of Car	re			9,999	,999				
	1.d.	Title IV	7-E SSI Da	ays of Ca	are			9,999	,999					
	1.e.	i. Exp	Days of ( ected Eli	igible Da						9,999 9,999 (99) 9,999 (99)				
2. <u>G</u> r	oup Hom	ne												
	2.a.	Title IV	7-E Eligik	ole and I	Reimbursa	able Days	of Care		9,999	,999				
	2.b.	Title IV	7-E Eligik	ole and 1	Not Reimb	oursable	Days of C	Care9,999	,999					
	2.c.	Title IV	-E Inelig	gible Day	ys of Car	re			9,999	,999				
	2.d.	Title IV	7-E SSI Da	ays of Ca	are			9,999	,999					
	2.e.	i. Exp	Days of ( pected Eli pected Ine	igible Da	_					9,999 9,999 (99. 9,999 (99.				
1	10 +	20	30 ++	40 +	50 +	60 ++-	70 ++	80 +	90 -++	100	110	120 ++	130 ++	++-
1	10	20	30	40	50	60	70	80	90	100	110	120	130	

## Payment- Based Days of Care For the period between $\ensuremath{\mathsf{MM}}/\ensuremath{\mathsf{DD}}/\ensuremath{\mathsf{CCYY}}$ and $\ensuremath{\mathsf{MM}}/\ensuremath{\mathsf{DD}}/\ensuremath{\mathsf{CCYY}}$

County						
3. <u>RCC</u>		<u> </u>				
	3.a. Title IV-E Eligible and Reimbursable Days of Care	9,999,9	99			
	3.b. Title IV-E Eligible and Not Reimbursable Days of Ca	are9,999,999				
	3.c. Title IV-E Ineligible Days of Care	9,999,9	99			
	3.d. Title IV-E SSI Days of Care	9,999,999				
	3.e. Pending Days of Care i. Expected Eligible Days of Care	9,999,9 9,999,9		0081		
	ii. Expected Eligible Days of Care	9,999,9	•	,		
. Rel	lative Care					
. <u>Re</u> l	lative Care  4.a. Title IV-E Eligible and Reimbursable Days of Care	9,999,9	99			
. <u>Re</u> l			99			
. <u>Re</u> ]	4.a. Title IV-E Eligible and Reimbursable Days of Care					
. <u>Rel</u>	4.a. Title IV-E Eligible and Reimbursable Days of Care 4.b. Title IV-E Eligible and Not Reimbursable Days of Ca	are9,999,999				
. <u>Rel</u>	4.a. Title IV-E Eligible and Reimbursable Days of Care 4.b. Title IV-E Eligible and Not Reimbursable Days of Ca 4.c. Title IV-E Ineligible Days of Care	are9,999,999 9,999,9	99 99 99 (99.	,		

1 10	2	-	30	40	50	60	70	80	90	100	110	120	130	+
Date: MM/D					Di			t. of Hea n and Fam			rvices		Report 1	D: FM04a10
					For	_		d Days of n MM/DD/C		MM/DD/CCY	Y			
County Nam	.e													
5. Court-O	rdered :	Kinship	Care											
5.	a. Titl	e IV-E E	Eligibl	e and R	Reimbursa	ble Days	of Care		9,999	,999				
5.	b. Titl	e IV-E E	Eligibl	e and N	ot Reimb	ursable 1	Days of (	Care 9,999	,999					
5.	c. Titl	e IV-E I	Ineligi	ble Day	s of Car	е			9,999	,999				
5.	d. Titl	e IV-E S	SSI Day	s of Ca	ıre			9,999	,999					
5.	i.	_	ed Elig	ible Da	ys of Ca Days of					,999 ,999 (99. ,999 (99.				
5. 6. Other I	i. ii.	Expecte Expecte	ed Elig	ible Da	_				9,999	,999 (99.		<u> </u>		
6. Other I	i. ii. nstitut	Expecte Expecte	ed Elig ed Inel	ible Da igible	Days of		of Care		9,999	,999 (99. ,999 (99.				
6. Other I	i. ii. <u>nstitut</u> a. Titl	Expecte Expecte ion e IV-E E	ed Elig ed Inel Eligibl	ible Da igible e and R	Days of	Care ——— ble Days		Care 9,999	9,999 9,999 9,999	,999 (99. ,999 (99.				
6. Other I	i. ii. nstitut a. Titl b. Titl	Expecte Expecte ion e IV-E E	ed Elig ed Inel Eligibl	ible Daigible e and R	Days of	Care  ble Days ursable		Care 9,999	9,999 9,999 9,999	,999 (99. ,999 (99.		_		
6. Other I	i. ii. nstitut a. Titl b. Titl	Expecte Expecte ion e IV-E E	ed Elig ed Inel Eligibl Eligibl	ible Day	Days of Reimbursa Not Reimb	Care  ble Days ursable		Care9,999 9,999	9,999 9,999 9,999 ,999	,999 (99. ,999 (99.				
6. Other I	i. ii.  nstitut  a. Titl  b. Titl  c. Titl  d. Titl  e. Pend  i.	Expecte  Expecte  ion  e IV-E E  e IV-E I  e IV-E S  ing Days  Expecte	ed Eliged Inel Eligibl Eligibl Ineligi SSI Day s of Ca ed Elig	e and R e and R ble Day s of Ca re rible Da	Days of Reimbursa Not Reimb	Care  ble Days  ursable 1  e			9,999 9,999 ,999 ,999 9,999 9,999	,999 (99. ,999 (99.	99%)			
6. Other I	i. ii. nstitut a. Title b. Title c. Title d. Title e. Pend i. ii.	Expecte  ion  e IV-E F  e IV-E I  e IV-E S  ing Days  Expecte  Expecte	ed Eliged Inel Eligibl Eligibl Eneligi SSI Day s of Ca ed Eliged Inel	e and R e and R ble Day s of Ca re re rible Da igible 40	Days of Days of Days of Ceimbursa Tot Reimb To of Car The The Type of Ca Days of Type Type Type Type Type Type Type Type	care  ble Days  ursable 1  e  re  care  60	Days of (	9,999	9,999 9,999 ,999 9,999 9,999 9,999 9,999	,999 (99. ,999 (99. ,999 ,999 ,999 (99. ,999 (99.	99%) 99%) 99%)	120	130	

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#### Payment- Based Days of Care For the period between MM/DD/CCYY and MM/DD/CCYY

County Name

_	0+1	D
/ .	Other	Payment.

7.a. Title IV-E Eligible and Reimbursable Days of Care

9,999,999

7.b. Title IV-E Eligible and Not Reimbursable Days of Care 9,999,999

7.c. Title IV-E Ineligible Days of Care

9,999,999

7.d. Title IV-E SSI Days of Care

9,999,999

7.e. Pending Days of Care

9,999,999

i. Expected Eligible Days of Care

9,999,999 (99.99%)

ii. Expected Ineligible Days of Care

9,999,999 (99.99%)

1 10		30		5.0	60	, 0		90		110		130	
1 10	20	30	40	50	60	70	80	90	100	110	120	130	

Date: MM/DD/CCYY Time: HH:MM PM

Wisconsin Dept. of Health and Family Services

Division of Children and Family Services

Payment- Based Days of Care For the period between MM/DD/CCYY and MM/DD/CCYY

County Name

8. Subsidized Guardianship- Control Group- Foster Home

		8.a.	Title I	V-E Eligib	le and F	Reimbursa	ble Days	of Care		9,999	,999				
		8.b.	Title I	V-E Eligib	le and N	Not Reimb	ursable 1	Days of (	Care 9,999,	,999					
		8.c.	Title I	V-E Inelig	ible Day	s of Car	е			9,999	,999				
		8.d.	Title I	V-E SSI Da	ys of Ca	are			9,999	,999					
		8.e.	i. Ex	Days of C pected Eli pected Ine	gible Da	_					,999 ,999 (99.				
	9. <u>Sub</u>	sidize	d Guardi	anship- Co	ntrol Gr	roup- Gro	up Home								
		9.a.	Title I	V-E Eligib	le and F	Reimbursa	ble Days	of Care		9,999	,999				
		9.b.	Title I	V-E Eligib	le and N	Not Reimb	ursable 1	Days of (	Care 9,999,	,999					
		9.c.	Title I	V-E Inelig	ible Day	s of Car	е			9,999	,999				
		9.d.	Title I	V-E SSI Da	ys of Ca	are			9,999	,999					
		9.e.	i. Ex	Days of C pected Eli pected Ine	gible Da						,999 ,999 (99.				
	1	10							80						
+	1	10	20	30 +	40	50	60	70	8.0	90	100	110	120	130	
	Date:	MM/DD/0	CCYY	+	+1	Di	Wisco vision of Payme	onsin Dep f Childre ent- Base	t. of Head n and Fam d Days of	lth and lily Serv	Family Se ices	rvices			ID: FM04a10
						For	the perio	od betwee	en MM/DD/C	CYY and I	MM/DD/CCY	Y			
	County	Name													
	10. <u>Su</u>	bsidiz	ed Guard	ianship- C	ontrol (	Group- RC	<u></u>								
		10.a	. Title	IV-E Eligi	ble and	Reimburs	able Day	s of Care	9	9,999	,999				
		10.b	. Title	IV-E Eligi	ble and	Not Reim	bursable	Days of	Care	9,999	,999				
		10.c	. Title	IV-E Ineli	gible Da	ays of Ca	re			9,999	,999				

	10.d. Title IV-E SSI Days of Care	9,999,999
	10.e. Pending Days of Care i. Expected Eligible Days of Care ii. Expected Ineligible Days of Care	9,999,999 9,999,999 (99.99%) 9,999,999 (99.99%)
11. <u>Suk</u>	osidized Guardianship- Control Group- Relative Care	
	11.a. Title IV-E Eligible and Reimbursable Days of Care	9,999,999
	11.b. Title IV-E Eligible and Not Reimbursable Days of Care	9,999,999
	11.c. Title IV-E Ineligible Days of Care	9,999,999
	11.d. Title IV-E SSI Days of Care	9,999,999
1	11.e. Pending Days of Care i. Expected Eligible Days of Care ii. Expected Ineligible Days of Care 10 20 30 40 50 60 70 80	9,999,999 9,999,999 (99.99%) 9,999,999 (99.99%) 90 100 110 120 130
+	.+++++++++	+++++++++

	: MM/DD/C : HH:MM P				Di			t. of Hea n and Fam			rvices		Report Page:	ID: FM04a10 9,999
					For	_		d Days of n MM/DD/C		M/DD/CCY	Y			
Count	cy Name							, -		,,				
12. 5	Subsidize	d Guardi	anship- C	Control (	Group- Co	urt-Orde	red Kinsh	nip Care						
	12.a.	Title I	V-E Eligi	ble and	Reimburs	able Day	s of Care	2	9,999	,999				
	12.b.	Title I	V-E Eligi	ble and	Not Reim	bursable	Days of	Care	9,999	,999				
	12.c.	Title I	V-E Ineli	gible Da	ays of Ca	re			9,999	,999				
	12.d.	Title I	V-E SSI D	ays of (	Care				9,999	,999				
		i. Exp	Days of ected Eli ected Ine	gible Da	-				•	,999 ,999 (99 ,999 (99				
13. 5	Subsidize	d Guardi	anship- C	Control (	Group- Ot	her Inst	itution							
	13.a.	Title I	V-E Eligi	ble and	Reimburs	able Day	s of Care	2	9,999	,999				
	13.b.	Title I	V-E Eligi	ble and	Not Reim	bursable	Days of	Care	9,999	,999				
	13.c.	Title I	V-E Ineli	gible Da	ays of Ca	re			9,999	,999				
	13.d.	Title I	V-E SSI D	ays of (	Care				9,999	,999				
		i. Exp	Days of ected Eli ected Ine	gible Da						,999 ,999 (99. ,999 (99.				
1	10	20	30	40	50	60	70	80	90	100	110	120	130	+-
1	++ 10	20	-++ 30	40	50	60	70	+ 80	90	++- 100	+ 110	120	++ 130	

## Payment- Based Days of Care For the period between MM/DD/CCYY and MM/DD/CCYY

County Name

#### 14. Subsidized Guardianship- Control Group- Other Payment

14.a. Title IV-E Eligible and Reimbursable Days of Care	9,999,999
14.b. Title IV-E Eligible and Not Reimbursable Days of Care	9,999,99
14.c. Title IV-E Ineligible Days of Care	9,999,999
14.d. Title IV-E SSI Days of Care	9,999,999
14.e. Pending Days of Care i. Expected Eligible Days of Care ii. Expected Ineligible Days of Care	9,999,999 9,999,999 (99.99%) 9,999,999 (99.99%)

	1										100			130
											100			
+	+	++	++-	+	++	++-	+	+	++-	+	++	-++	++	+

Date: MM/DD/CCYY Wisconsin Dept. of Health and Family Services Report ID: FM04a10 Time: HH:MM PM Division of Children and Family Services Page: 9,999

Payment- Based Days of Care For the period between MM/DD/CCYY and MM/DD/CCYY

County Name

15. Subsidized Guardianship- Experimental Group- Foster Home

		15.a.	Title IV-	-E Eligib	le and I	Reimbursa	ble Days	s of Care	е	9,999	,999				
		15.b.	Title IV-	-E Eligib	le and !	Not Reimb	oursable	Days of	Care	9,999	,999				
		15.c.	Title IV-	-E Inelig	ible Da	ys of Car	re			9,999	,999				
		15.d.	Title IV-	-E SSI Da	ys of C	are				9,999	,999				
		15.e. Pending Days of Care i. Expected Eligible Days of Care ii. Expected Ineligible Days of Care									,999 ,999 (99. ,999 (99.				
	16. <u>Sul</u>	osidized	Guardiar	nship- Ex	perimen	tal Group	- Group	Home							
		16.a.	Title IV-	-E Eligib	le and :	Reimbursa	able Days	s of Care	9	9,999	,999				
		16.b.	Title IV-	-E Eligib	le and !	Not Reimk	oursable	Days of	Care	9,999	,999				
		16.c.	Title IV-	-E Inelig	ible Da	ys of Car	re .			9,999	,999				
		16.d.	Title IV-	-E SSI Da	ys of C	are				9,999	,999				
		i	. Expec	Days of Cated Eligated Inel	ible Day					9,999,999 9,999,999 (99.99%) 9,999,999 (99.99%)					
	1	10	20	30	40	50	60	70	80	9,999,999 (99.99%) 90 100 110 120 130					
+	1	10	20	30	40	50	60	70	80	90	100	110	120	130	
	Date: N	MM/DD/CC HH:MM PM	YY				Wisco	nsin Dep	t. of Heal	lth and F	amily Se		,		D: FM04a10
		Payment- Based Days For the period between MM/DD									MM/DD/CCY	Y			
	County	ounty Name													
	17. <u>Sul</u>	7. Subsidized Guardianship- Experimental Group- RCC													
		17.a. Title IV-E Eligible and Reimbursable Days of Care								9,999	,999				
		17.b. Title IV-E Eligible and Not Reimbursable Days of Care									Care 9,999,999				
		17.c. Title IV-E Ineligible Days of Care									9,999,999				

	17.d. Title IV-E SSI Days of Care	9,999,999
	17.e. Pending Days of Care i. Expected Eligible Days of Care ii. Expected Ineligible Days of Care	9,999,999 9,999,999 (99.99%) 9,999,999 (99.99%)
18. <u>S</u> ı	bsidized Guardianship- Experimental Group- Relative Care	
	18.a. Title IV-E Eligible and Reimbursable Days of Care	9,999,999
	18.b. Title IV-E Eligible and Not Reimbursable Days of Care	9,999,999
	18.c. Title IV-E Ineligible Days of Care	9,999,999
	18.d. Title IV-E SSI Days of Care	9,999,999
	18.e. Pending Days of Care i. Expected Eligible Days of Care ii. Expected Ineligible Days of Care	9,999,999 9,999,999 (99.99%) 9,999,999 (99.99%)
1	10 20 30 40 50 60 70 80	90 100 110 120 130

	+	+	-+	++								+		+
	: MM/DD/C : HH:MM P				Di		onsin Dept f Childre				rvices		Report Page:	ID: FM04a10 9,999
					For	_	ent- Based od betwee:	_		MM/DD/CCY	Y			
Count	y Name													
19. §	Subsidize	d Guardia	anship- E	xperimen	tal Grou	p- Court	-Ordered	Kinship C	are					
	10 0	mi+lo Ti	/-E Eligi	ala and	Doimbura	abla Day	a of Care		9,999	000				
						_			•					
			/-E Eligil				Days of	Care	9,999					
			/-E Inelig	_	_	re			9,999					
			J-E SSI Da	_	are				9,999					
		i. Expe	Days of (	gible Da					•	,999 (99.	,			
		11. Expe	ected Ine	ligible	Days of	Care			9,999	,999 (99.	99%)			
					_	0.1	. Tmatitut	ion						
20. <u>s</u>	Subsidize	d Guardia	anship- E	xperimen	tal Grou	p- Other	Institut	1011						
20. <u>s</u>			_			_			0.000					
20. <u>s</u>	20.a.	Title IV	J-E Eligi}	ole and	Reimburs	able Day	s of Care		9,999					
20. <u>s</u>	20.a. 20.b.	Title IV	/-E Eligi} /-E Eligi}	ole and	Reimburs Not Reim	able Day	s of Care		9,999	,999				
20. <u>s</u>	20.a. 20.b. 20.c.	Title IV	V-E Eligi V-E Eligi V-E Inelig	ole and ole and gible Da	Reimburs Not Reim ys of Ca	able Day	s of Care		9,999	,999				
20. <u>s</u>	20.a. 20.b. 20.c. 20.d.	Title IV Title IV Title IV	J-E Eligi) J-E Eligi) J-E Inelig	ole and ole and gible Da	Reimburs Not Reim ys of Ca	able Day	s of Care		9,999 9,999 9,999	,999 ,999 ,999				
20. <u>s</u>	20.a. 20.b. 20.c. 20.d. 20.e.	Title IV Title IV Title IV Pending i. Expe	V-E Eligi V-E Eligi V-E Inelig	ole and ole and gible Da ays of C Care gible Da	Reimburs Not Reim ys of Ca are ys of Ca	able Day bursable re	s of Care		9,999 9,999 9,999 9,999 9,999	,999 ,999 ,999				
1	20.a. 20.b. 20.c. 20.d. 20.e.	Title IV Title IV Title IV Pending i. Experii. Experi	V-E Eligib V-E Eligib V-E Inelig V-E SSI Da Days of ( ected Elige ected Ine.	ole and ole and gible Da ays of C Care gible Da ligible	Reimburs Not Reim ys of Ca are ys of Ca Days of	able Day bursable re re Care	s of Care Days of	Care	9,999 9,999 9,999 9,999 9,999	,999 ,999 ,999 ,999 (99. ,999 (99.	99%)	120	130	+

### Payment- Based Days of Care For the period between MM/DD/CCYY and MM/DD/CCYY

County Name

0.1	0 1 1 1 1 1	a 1' . 1. '	m	~	0.11	D
ZI.	Subsidized	Guardianship-	Experimental	Group-	other	Pavment

21.a. Title IV-E Eligible and Reimbursable Days of Care	9,999,999
21.b. Title IV-E Eligible and Not Reimbursable Days of Care	9,999,99
21.c. Title IV-E Ineligible Days of Care	9,999,999
21.d. Title IV-E SSI Days of Care	9,999,999
21.e. Pending Days of Care i. Expected Eligible Days of Care ii. Expected Ineligible Days of Care	9,999,999 9,999,999 (99.99%) 9,999,999 (99.99%)

#### 22. Subsidized Guardianship- Experimental Group- Subsidized Guardianship

22.a. Federal Days of Care 9,999,999

22.b. State Days of Care 9,999,999

 22.c. Pending Days of Care
 9,999,999

 i. Expected Federal Days of Care
 9,999,999 (99.99%)

 ii. Expected State Days of Care
 9,999,999 (99.99%)

1						60					110		130	
	10	20	30	40	50	60	70	80	90	100	110	120	130	

Date: MM/DD/CCYY Wisconsin Dept. of Health and Family Services Report ID: FM04a10 Time: HH:MM PM Division of Children and Family Services Page: 9,999

Payment- Based Days of Care For the period between MM/DD/CCYY and MM/DD/CCYY

	23.a. Titl	e IV-E Eligi	ible and	Reimburs	able Day	s of Care	9	9,999	,999				
	23.b. Titl	e IV-E Eligi	ible and	Not Reim	bursable	Days of	Care	9,999	,999				
	23.c. Titl	e IV-E Ineli	igible Da	ays of Ca	ıre			9,999	,999				
	23.d. Titl	e IV-E SSI I	Days of (	Care				9,999	,999				
	i.	ing Days of Expected Eli Expected Ine	igible Da					•	,999 ,999 (99.	,			
24. §	Subsidized Gua	rdianship- E				s of Care	<u> </u>	9,999	,999				
	24.b. Titl	e IV-E Eligi	ible and	Not Reim	bursable	Days of	Care	9,999	,999				
	24.c. Titl	e IV-E Ineli	igible Da	ays of Ca	ıre			9,999	,999				
	24.d. Titl	e IV-E SSI I	Days of (	Care				9,999	,999				
	i.	ing Days of Expected Eli Expected Ine	igible Da	*				•	,999 ,999 (99.	,			
1	10 20		40	50	60	70	80	90	100	110	120	130	
1	10 20	30	40	50	60	70	80	90	100	110	120	130	
Date:	++ : MM/DD/CCYY : HH:MM PM	+	+		Wisco	onsin Dep	t. of Hea n and Fam	lth and 1	Family Se		++	Report ID	: F

Payment- Based Days of Care For the period between MM/DD/CCYY and MM/DD/CCYY

#### County Name

25. Subsidized Guardianship- Exempt Group- RCC	
25.a. Title IV-E Eligible and Reimbursable Days of Care	9,999,999
25 h Title IV-E Eligible and Not Reimburgable Days of Care	9 999 999

25.c. Title IV-E Ineligible Days of Care	9,999,999
25.d. Title IV-E SSI Days of Care	9,999,999
25.e. Pending Days of Care i. Expected Eligible Days of Care ii. Expected Ineligible Days of Care	9,999,999 9,999,999 (99.99%) 9,999,999 (99.99%)
26. Subsidized Guardianship- Exempt Group- Relative Care	
26.a. Title IV-E Eligible and Reimbursable Days of Care	9,999,999
26.b. Title IV-E Eligible and Not Reimbursable Days of Car	e 9,999,999
26.c. Title IV-E Ineligible Days of Care	9,999,999
26.d. Title IV-E SSI Days of Care	9,999,999
26.e. Pending Days of Care i. Expected Eligible Days of Care ii. Expected Ineligible Days of Care	9,999,999 9,999,999 (99.99%) 9,999,999 (99.99%)
	80 90 100 110 120 130
+++++++++	-++++++++++

	: MM/DD/C : HH:MM P				Di		onsin Dep f Childre				rvices		Report Page:	ID: FM04a10 9,999
					_	_	ent- Base	-						
Count	cy Name				For	tne perio	od betwee	n MM/DD/C	CYY and M	IM/DD/CCY	Y			
27. 5	Subsidize	d Guardi	anship- E	xempt Gi	roup- Cou	ırt-Order	ed Kinshi	p Care						
	27.a.	Title I	V-E Eligi	ble and	Reimburs	able Day	s of Care	<u>:</u>	9,999	,999				
	27.b.	Title I	V-E Eligi	ble and	Not Reim	bursable	Days of	Care	9,999	,999				
	27.c.	Title I	V-E Ineli	gible Da	ays of Ca	ire			9,999	,999				
	27.d.	Title I	V-E SSI D	ays of (	Care				9,999	,999				
		i. Exp	Days of ected Eli ected Ine	gible Da						,999 ,999 (99 ,999 (99				
28. 5	Subsidize	d Guardi	anship- E	xempt Gi	roup- Oth	ner Insti	tution							
	28.a.	Title I	V-E Eligi	ble and	Reimburs	able Day	s of Care	2	9,999	,999				
	28.b.	Title I	V-E Eligi	ble and	Not Reim	bursable	Days of	Care	9,999	,999				
	28.c.	Title I	V-E Ineli	gible Da	ays of Ca	ire			9,999	,999				
	28.d.	Title I	V-E SSI D	ays of (	Care				9,999	,999				
		i. Exp	Days of ected Eli ected Ine	gible Da						,999 ,999 (99. ,999 (99.				
1	10	20	30	40	50	60	70	80	90	100	110	120	130	
1	10	20	-++ 30	40	++ 50	60	70	80	-++ 90	++- 100	110	120	130	+-

January 2, 2005

# Payment- Based Days of Care For the period between MM/DD/CCYY and MM/DD/CCYY

County Name

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29.	b. Title IV	∕-E Eligib	ole and No	ot Reimbuı	rsable Day	s of Care	9,999,99	)			
29.	c. Title IV	/-E Inelig	gible Day	s of Care			9,999,99	9			
29.	d. Title IV	/-E SSI Da	ays of Ca	re			9,999,99	9			
29.		ected Elig	gible Day	s of Care ays of Caı			9,999,99 9,999,99 9,999,99	9 (99.	,		
Subsidi	zed Guardia	anship- Ex	kempt Gro	up- Subsic	dized Guar	dianship					
	zed Guardia		_	up- Subsid	dized Guar	dianship	9,999,99				
30.		Days of C	Care	up- Subsid	dized Guar	<u>dianship</u> 9,999	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
30.	<ul><li>a. Federal</li><li>b. State Da</li><li>c. Pending</li><li>i. Expe</li></ul>	Days of Car	Care ce Care eral Days	of Care	dized Guar	<u>-</u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9 9 (99.	,		